



PRESS RELEASE

Baker-Polito Administration Announces More Reforms to Combat the Opioid and Heroin Epidemic

Comprehensive plan includes combatting addiction, accessing treatment,
reducing prescriptions and enhancing prevention

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BOSTON — The Baker-Polito Administration today announced the second significant package to fight the opioid and heroin epidemic, including legislation titled [An act relative to Combatting addiction, Accessing treatment, Reducing prescriptions and Enhancing prevention \(CARE Act\)](#) and administrative actions.

These proposals will:

- Increase access to treatment and recovery services
- Strengthen education and prevention efforts
- Seek regulatory relief from the federal government to increase treatment access

These initiatives build upon and expand the Commonwealth's prevention, intervention, treatment and recovery strategies unveiled in June 2015 and the STEP Act, legislation authored by the Baker-Polito

Administration in October 2015 and enacted in March 2016, which expanded treatment, created new education programs and instituted the nation's first seven day limit on opioid prescriptions for adults.

“Our administration is strengthening the significant reforms we implemented over the last two years to address this public health crisis with increased access to treatment and stronger prevention efforts,” **said Governor Charlie Baker**. “While we have seen progress and gained valuable insight into combatting the disease, this legislation takes stronger, more targeted steps to intervene earlier in a person's life, expands access to treatment and holds providers accountable for their prescribing practices.”

For the first time in years, [opioid-related deaths declined by 10%](#) for the first nine months of 2017 in Massachusetts. Additionally, opioid prescriptions have dropped by 29 percent since the complete overhaul of the state's prescription monitoring tool, MassPAT.

“This package builds on the state's existing framework by identifying populations at-risk of developing a substance use disorder, particularly children and young adults, and empowers schools with the tools they need to integrate education about these harmful drugs into their everyday curriculum,” **said Lieutenant Governor Karyn Polito**. “We have to begin these critical conversations and prevention techniques with our kids before it's too late.”

“We are committed to effective treatment for every individual suffering with a substance use or co-occurring disorder in the Commonwealth and to offering hope to the individual and their loved ones,” **said Health and Human Services Secretary Marylou Sudders**. “These initiatives take aim at ensuring people get the help they need, where and when they need it, through a multi-year, comprehensive strategy.

Strengthening and Improving Access to Treatment

Through administrative actions, the Baker-Polito Administration will invest up to \$30 million annually from the state's 1115 Medicaid waiver, starting in fiscal year 2018, to meet the needs of individuals with addictions and/or co-occurring disorders. These funds will expand residential recovery services, increase access to medication-assisted treatment, add new recovery coaches, and implement a consistent clinical assessment tool throughout the treatment system.

Today, the Baker-Polito Administration is filing legislation to increase access to treatment services by ensuring treatment beds meet the needs of individuals with substance use disorder and by expanding access to treatment through three pathways in hospital emergency departments.

Since 2015, the Baker-Polito Administration has added more than 1,100 treatment beds, including 680 adult substance use treatment beds, at different treatment levels and certified more than 162 Sober Homes accounting for an additional 2,168 beds.

The CARE Act will ensure that psychiatric and substance use treatment beds meet the needs of the Commonwealth by:

- Requiring that DMH and DPH's Bureau of Substance Abuse Services establish standards and criteria to ensure that facilities subject to the licensing process address the needs of the Commonwealth. (For example: prior to receiving a license, providers may be required to demonstrate that they can treat individuals with a co-occurring mental health and substance use disorders or other specific needs, and providers will be prohibited from discriminating against patients with public health insurance).
- Establishing a commission to recommend standards that specify how licensed behavioral health clinicians represent their specialty and capability to insurance carriers and patients. These standards will be determined by reviewing evidence based-treatments for substance use disorder and mental illness to categorize providers so individuals seeking treatment for a substance use disorder can more easily and effectively find clinicians appropriate to meet their needs.
- Establishing a commission to recommend standards for the credentialing of recovery coaches.

Hospital emergency departments are a first line of response for individuals experiencing a medical crisis related to substance use. Since 2011, opioid-related emergency department visits in Massachusetts have increased, from 17,897 visits in 2011 to 33,444 visits in 2015—an 87% increase. Data also shows that one in 10 individuals die within two years of an opioid or heroin related overdose after an initial overdose.

The CARE act builds on the STEP Act's requirement that patients who arrive in the emergency department after an overdose be offered a substance abuse evaluation and connected to treatment within 24 hours. Available data suggests that 50 percent to 90 percent of patients decline this evaluation and leave the hospital without an assessment.

The legislation filed today creates three pathways for emergency departments to expand pathways for treatment for individuals by:

- Improving the existing substance misuse evaluation in the emergency department
 - Expands the scope of clinicians who can administer the evaluation to administer more timely evaluations following an opioid overdose
 - Requires the hospital to affirmatively engage the patient in voluntary treatment (E.g., Connection to peer recovery coach or induction to medication assisted treatment)
 - Requires emergency care providers to record overdose incidents and results of a substance use evaluation in a patient's electronic records.
- Establishing a new pathway to inpatient substance use treatment

- Similar to the existing Section 12 process, clinical staff will have the ability to assess a patient in the ER and authorize the patient's involuntary transport to a treatment facility that is capable of treating substance use disorder.
- Improving the existing Civil Commitment process under Section 35
 - Expands the types of persons authorized to petition the court under section 35 to include "medical professionals." (Currently, only a police officer, physician, spouse, blood relative, guardian or court officials can petition the court)

Prevention through Accountability for the Medical Prescribing Community

The STEP Act contained key provisions to reduce opioid prescriptions, including a first-in-the-nation seven day limit on initial prescriptions of opioids, a requirement that prescribers check the Prescription Monitoring Program before prescribing a schedule II or III narcotic, and a requirement that prescribers complete training in pain management and addiction.

Since the STEP Act became law, opioid prescriptions in Massachusetts are down 29 percent, deaths related to opioids decreased by 10 percent in the first nine months of 2017 and our new prescription-monitoring program has been searched over 6.5 million times.

To build on provisions in the STEP Act aimed at collecting data and reducing fraud, this legislation will introduce provisions:

- Mandating all prescribers convert to secure electronic prescriptions (including Schedule II drugs) and cease the use of oral and paper prescriptions when prescribing regulated drugs by 2020.
- Ensuring compliance with the state's seven-day opioid prescription limit on new prescriptions by establishing an affirmative referral process to the appropriate board of registration for providers who are suspected of violating the limit.
- Aligning Massachusetts' existing partial fill law with new federal changes that allows patients to fill the remainder of their opioid prescription at the same pharmacy within 30 days of the initial fill.
- Adding an addiction expert to the Board of Registration in Nursing to provide expertise in treating substance use disorder.
- Establishing a commission to review appropriate dental and medical prescribing practices to establish best practices ranging from the most common oral and maxillofacial procedures, including the removal of wisdom teeth, and to create options for prepackaged opioid prescriptions using a "blister pack" to identifying recommended prescriptions for other common acute conditions.
- Requiring DIA to establish an Opioid Formulary that shall provide a list of medications approved for reimbursement under the workers compensation insurance system along with appropriate payment,

prescribing, and dispensing guidelines for those medications. Injured workers are recognized as a high-risk population to develop SUDs, with the amount of opioid claims among this population being 39% higher in Massachusetts compared to the average of 26 other states involved in the study.

Expanding School-Based Programs for Education & Intervention

Because young people are particularly vulnerable to engaging in risky behavior including drug misuse, the Baker-Polito Administration will pursue immediate administration actions to continue educating students, parents and teachers on the dangers of opioids and addiction from elementary school through college. This will include convening a working group to prevent substance use disorder for students, expanding the Screening Brief Intervention and Referral to Treatment (SBIRT) training program and developing substance misuse awareness orientation program for college students.

“We want to make sure schools have the tools they need to work effectively with students and families so they can do everything possible to encourage healthy behaviors, and to provide timely and effective supports for students who are at risk of addiction,” **Education Secretary James Peyser said.**

According to the [Department of Public Health’s \(DPH\) Chapter 55 report](#), approximately 4 percent of individuals age 11 or older have an opioid use disorder in Massachusetts and, in 2015, roughly two out of every three people who died from opioids were younger than 45.

Through administrative action, the Baker-Polito Administration will immediately:

- Convene a working group between the Executive Offices of Education and Health and Human Services to focus on ways to strengthen students’ understanding of healthy behaviors, prevent substance use disorder and assist students and families in recovery. Their tasks will be to:
 - Identify ways to use data to give school staff early warnings about students who are at-risk of substance use disorders.
 - Develop a “seal of approval” for school-based education programs proven to successfully educate students on substance use disorders.
 - Establish a grant program for schools to implement comprehensive prevention and intervention programs
- Expand the existing training program for school nurses, known as SBIRT, to reach more students and school districts. To date, nearly 4,000 school staff have been trained in 283 school districts, and more than 22,000 students screened.
- Develop a plan with state public and private colleges and universities for all incoming college students to receive opioid awareness and prevention education as standard part of their orientation.

Finally, the CARE act will propose the creation of a trust fund, to be funded at \$2 million for the next fiscal year, to help finance the expansion of education programs. These funds will support the development of information systems to identify at-risk students, and enable the implementation of new school-based models for coordinated support of students in need.

Taking Advantage of the Federal Government's Recent Emergency Declaration

The President's recent declaration of the opioid crisis as a public health emergency provides an opportunity for the federal government to support states like Massachusetts with additional tools to address this public health crisis. Tomorrow, Governor Baker will deliver two letters to the federal government, one to the Acting Secretary of Health and Human Services (HHS) and one to the Attorney General, requesting swift administrative action on several actions that will help Massachusetts battle this epidemic.

From HHS, the Governor is requesting that the Secretary:

- Allow states the flexibility to make naloxone available over the counter, if states choose;
- Increase access to medication assisted treatment by revising patient cap restrictions for buprenorphine treatment, permitting office-based opioid treatment with methadone, and allow states to apply for wholesale DATA 2000 waivers for all state practitioners;
- Take steps to review and approve diagnostic rapid urine tests for the presence of fentanyl so these tests are available for clinicians to use in their office; and
- Issue guidance that clarifies the ability of states to continue to receive and share de-identified SUD claims data for the purpose of public policy research.

From the Department of Justice, the Governor is requesting the Attorney General and DEA:

- Allow states the flexibility to require pharmacists to interchange abuse deterrent formulations of opioid drug products in accordance with state law, without demonstrating the chemical equivalency of the two drugs; and
- Increase flexibility for states to expand access to medication-assisted treatment.

Summary of the Commonwealth's Progress & Investments to Combat the Opioid Epidemic

Since taking office, the Baker-Polito Administration has increased annual spending for substance misuse prevention and treatment by 50% to more than \$180 million for addiction services, not including MassHealth initiatives. In February 2015, Governor Baker appointed a working group to develop recommendations to reduce opioid deaths in Massachusetts. More than 95% of the initiatives identified by the Opioid Addiction Working Group are underway or completed.

Enacted in March 2016, the STEP Act took bold steps to enhance treatment options and reduce opioid prescriptions including the implementation of a seven-day opioid prescription limit on new prescriptions—the first of its kind in the United States. And, in November 2016, the Administration secured a \$52.4 billion Medicaid waiver that includes the expansion of treatment services for individuals with substance use and co-occurring disorder.

The Baker-Polito Administration was the first in the nation to launch core competencies for safe prescribing of opioids and treatment of substance abuse disorders with the state’s nursing, medical, dental, social work and physician assistant schools accounting for more than 8,500 future prescribers and clinicians.

Since the creation of MassPAT, the state’s prescription monitoring tool, more than 6.5 million searches have been conducted by providers and Massachusetts has seen a 29% decline in new opioid prescriptions. However, the current fentanyl crisis continues to impact more people nationwide. In Massachusetts, the presence of fentanyl in opioid-related deaths has dramatically increased from 19% in 2014 to 81% in 2017. Governor Baker filed legislation earlier this year to link state drug classifications to emergency federal drug scheduling, allowing state law enforcement and prosecutors to more effectively respond to the influx of new and dangerous synthetic drugs, like fentanyl and carfentanil.

Massachusetts is recognized as a national leader on fighting the opioid and heroin epidemic, as evidenced by Governor Baker’s recent participation on the President’s Commission on Combating Drug Addiction and the Opioid Crisis. This bipartisan federal committee worked collaboratively over several months to produce a report of best practices and legislative proposals to address this national public health crisis—including reforms originating from the Baker-Polito Administration such as the implementation of core competencies for medical school students and changes to the Prescription Monitoring Program to help reduce opioid prescriptions.

For more information on the state’s response to the opioid epidemic as well as links to the latest data, visit www.mass.gov/opioidresponse.

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